



*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*  
*100 City Hall Plaza, 6<sup>th</sup> floor*  
*Boston, MA 02108*

DEVAL PATRICK  
Governor

TIM MURRAY  
Lieutenant Governor

JAY GONZALEZ  
Board Chair

GLEN SHOR  
Executive Director

**Board of the Commonwealth Health Insurance Connector Authority**

**Minutes**

Thursday, February 24, 2011  
9:00 AM to 12:00 PM  
One Ashburton Place  
Boston, MA 02108  
21<sup>st</sup> Floor Conference Room

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**Attendees:** Dolores Mitchell, Glen Shor, Ian Duncan, Celia Wcislo, Louis Malzone, Nancy Turnbull, Joseph Murphy, Andres Lopez, and Jonathan Gruber. Matthew Gorzkowicz attended in place of Jay Gonzalez. Terry Dougherty was absent.

The meeting was called to order at 9:05 AM.

- I. Minutes:** The minutes of the February 10, 2011 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Glen Shor opened by informing the Board that the Commonwealth Health Insurance Connector Authority (CCA) has received responses to the request for responses (RFR) for the Commonwealth Choice (CommChoice) Seal of Approval process for the eighteen-month period beginning July 1, 2011. Mr. Shor said that the CCA is currently analyzing those responses and will keep the Board updated on this matter. He continued by stating that the group which has been working to procure health insurance for state universities, community colleges and the University of Massachusetts campuses for the academic year 2011-2012, has been continuing their work and should make final decisions in March. Mr. Shor informed the Board that the CCA has received responses to the Wellness Program request for proposals (RFP). He stated that the CCA has made adjustments to its website to reflect the fact that Massachusetts is currently in a closed enrollment period for the non-group health insurance market. Finally, Mr. Shor announced to the Board that the CCA and Executive Office of Health and Human Services led an effort which has resulted in Massachusetts and the other of the New England states being awarded the Early Innovator Grant by the U.S. Department of Health and Human Services. Mr. Shor stated that this funding will help the CCA adjust its information technology to the specifications of national health care reform. Dolores Mitchell congratulated the CCA on obtaining this grant and commented that she was happy to see that Massachusetts was not punished for being "ahead of the curve" in developing an exchange. Mr. Shor thanked Bob Nevins for his efforts on this project.

**III. Draft CommCare Regulation Changes (VOTE):** Edward DeAngelo began his presentation by explaining that the proposed draft CommCare regulation changes can be sorted into three categories. In the first category are changes that need to be made in order to execute the CommCare MCO procurement strategy for FY 2012. The second category of proposed changes would clarify current operational practices for the CommCare program. The third category of proposed changes is meant to improve program integrity for CommCare. Mr. DeAngelo added that the CCA is also proposing a couple of miscellaneous changes to the CommCare regulations. Ms. Mitchell asked if members of the Board are allowed to attend the public hearing on the draft regulation changes. Mr. DeAngelo replied that the CCA welcomes the presence of all Board members at the hearing. Noting that some of the language in the proposed regulation changes was kept purposefully broad to allow for flexibility, Celia Wcislo asked if the Board would be consulted if the CCA chose to use that flexibility to make procedural changes to CommCare. Mr. Shor assured the Board that they would be consulted on any major policy changes. In regards to a proposed amendment that would require that members pay their first month's premium before they are enrolled, Ian Duncan asked if the regulations specify that enrolling members must pay the premium "in full." Mr. DeAngelo replied that the regulations do not specifically state this but, in practice, a member would never be enrolled without making a full payment.

Joseph Murphy arrived at 9:28 AM.

As a program integrity measure, Mr. DeAngelo said the CCA is proposing that the CommCare regulations state that a member will be disenrolled if they owe two months of premiums, as opposed to having a premium unpaid for sixty days, which is the language currently used in the regulations. Nancy Turnbull asked how many members would be affected by this change. Mr. DeAngelo replied that the CCA can provide information on how many members are disenrolled for not paying their premium and how many members are on payment plans. Ms. Mitchell asked if the process of establishing a payment plan involves a conversation between the member and someone who is able to determine what a realistic payment plan would be in each case. Mr. DeAngelo replied that when a member misses a payment they receive a warning that directs them to contact the CommCare call center if they would like to set up a payment plan. If the member contacts the call center, a customer service representative can provide the member with their options for setting up a payment plan and tell them about the possibility of applying for a hardship waiver. Ms. Wcislo asked if the CommCare customer service representatives are trained to advise members on such matters. Mr. DeAngelo replied that representatives are trained in the rules of the program and are able to guide members in the correct direction if they are not able to properly assist them. Mr. Duncan requested that he be provided with a detailed overview of the CommCare billing process at a later date.

Under the miscellaneous category, Mr. DeAngelo said that the CCA is proposing that the regulations be changed to make premium and co-pay waivers available to members who have declared bankruptcy. Mr. Duncan asked how the co-pay waivers, when granted, are put into effect. Mr. DeAngelo replied that when a waiver is granted the CCA notifies the member's managed care organization (MCO) and the member will not have to make a copayment at the point of service. Ms. Mitchell expressed her concern that MCOs may not be effectively notifying health care providers when co-pay waivers have been granted, and asked what measures are taken by MCOs to ensure that providers are notified. Mr. DeAngelo said that the CCA would provide information on this matter at a later time. Ms. Mitchell then asked if the CCA is comfortable that the timelines for disenrollment in CommCare do not violate Division of Insurance and Patient Protection and Affordable Care Act regulations, which Mr. DeAngelo

confirmed. The Board voted unanimously in favor of issuing for public hearing and comment draft amendments to the CommCare regulations, 956 CMR 3.00.

**IV. Mid-Year Plan of Operations Update:** Mr. Nevins opened by providing the Board with an overview of the CCA's progress in fulfilling the key strategies set under the FY 2011 Plan of Operations, highlighting the fact that about 90% are either "complete" or "ongoing and on schedule." Jonathan Gruber requested a detailed overview of the initiative to enhance CommCare program integrity at a later date. Ms. Turnbull expressed interest in determining how many income-eligible CommCare applicants are denied because of having access to employer sponsored insurance. Ms. Turnbull and Mr. Gruber expressed continued interest in determining why so many residents with incomes below 150% of the federal poverty level are uninsured. Mr. Nevins continued by informing the Board that the effort to create a cost calculator that will allow CommChoice shoppers to estimate their total health care costs is currently behind schedule. Mr. Nevins added that the CCA is interested in doing further research on how a cost calculator should be designed so it will be most useful to CommChoice shoppers and provide the greatest return on investment (ROI) for the CCA. Mr. Duncan asked how return on investment (ROI) would be measured by the CCA in this case. Mr. Nevins replied that the CCA will use membership information and feedback on how helpful the cost calculator is to CommChoice shoppers to determine ROI. Mr. Shor reiterated the importance of making sure that the cost calculator is designed so that it is useful to CommChoice shoppers. Mr. Duncan stated that providing a cost calculator continues to be a matter of high importance to the Board. Mr. Shor replied that the CCA is aware of this, which is why the project was highlighted in the presentation. Mr. Shor stated that there are other forms of decision support tools that the CCA would like to explore before committing to a course of action. Mr. Shor assured the Board that they will be kept informed throughout this process. Mr. Gruber asked when the Board should expect a recommendation from the CCA on this project. Mr. Nevins replied that the CCA should be able to provide a recommendation to the Board within the next few weeks. Ms. Mitchell stated that she appreciates the CCA taking the time to make sure this project is done correctly because guiding people in shopping for health insurance is something the CCA needs to be careful in doing.

Ms. Turnbull asked whether the goal of the CommCare member technology migration plan is to have as many members as possible paying their premium electronically. Mr. Nevins replied that the CCA is making an effort to notify all members of the services available to them through the web, such as making premium payments, because accessing these services over the web can often be more convenient for members than contacting the call center. Ms. Turnbull asked what types of online member activities are being promoted. Stephanie Chrobak replied that members are informed that they can access member services such as selecting a plan, paying premiums, and asking a question to a customer service representative on the CCA website. Mr. Duncan expressed interest in learning more about the small business wellness program subsidy created under Chapter 288. Mr. Nevins replied that the requirements determining which employers would qualify for the subsidy are specified in Chapter 288 and that the CCA will provide a recommendation on the structure of program and the level of participation necessary for an employer to receive the subsidy when they have completed an evaluation of the wellness program RFP responses. Mr. Gruber asked that the CCA keep the Board informed as to how the CommCare program is adjusting to payment reform, which has been a key initiative of Governor Patrick and national health care reform. Next, Ms. Turnbull addressed the creation of small group purchasing cooperatives called for under Chapter 288. She expressed her belief that establishing these cooperatives will have a negative effect on the rest of the small group/individual market. Ms. Turnbull stated that the CCA and its sister agencies need to be attentive to any effects of these cooperatives and push for legislative action if appropriate. She also asked that the CCA monitor whether there are

significant CommChoice premium increases following the creation of the cooperatives. Mr. Nevins informed the Board that the CCA has established a subgroup to assess Chapter 288, and that the CCA will continue to work closely with the Division of Insurance on all Chapter 288 matters.

The meeting was adjourned at 10:11 AM.

Respectfully submitted,  
Andrew J. Graham